

Case Number:	CM14-0158434		
Date Assigned:	10/01/2014	Date of Injury:	06/16/2011
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of June 16, 2011. A Utilization Review was performed on September 17, 2014 and recommended non-certification of 1 consultation with psychologist between 8/12/2014 and 12/10/2014, 120 Flexeril 10mg dispensed between 8/12/2014 and 8/12/2014, 120 Norco 10/325mg dispensed between 8/12/2014 and 8/12/2014, and 1 urine drug screening between 8/12/2014 and 12/10/2014. A Progress Report dated August 12, 2014 identifies Subjective Complaints of persistent cervical and lumbar spine pain, as well as bilateral shoulder and bilateral hip pain. She states the pain has worsened and radiates into the bilateral upper and lower extremities. Objective findings identify cervical spine decreased range of motion. Tenderness to palpation over the trapezius and paraspinals, right greater than left. Shoulder depression was positive. Spurling's was positive bilaterally. There was decreased strength and sensation at 4/5 on the right at C5, C6, C7, and C8. Decreased lumbar spine range of motion. Tenderness to the paraspinals equally. Kemp's test was positive bilaterally. There was decreased strength at 4/5 bilaterally at L4, L5, and S1 as well as decreased sensation at 4/5 bilaterally at L4 and L5. Diagnoses identify multilevel cervical disc herniation, status post multilevel cervical fusion, right rotator cuff syndrome, chronic lumbar strain, lumbar disc herniation, and left lower extremity radicular pain. Discussion identifies request authorization for a consultation with a psychologist, dispense Norco and Flexeril, and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 consultation with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 388, 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for 1 consultation with psychologist, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Within the documentation available for review, there is no indication as to what psychology consultation is to address for this patient. In the absence of clarity regarding those issues, the currently requested 1 consultation with psychologist is not medically necessary.

120 Flexeril 10mg dispensed 08/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; (Cyclobenzaprine) : Opioids; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

120 Norco 10/325mg dispensed 08/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

1 Urine Drug Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screening ; Opioids, steps to avoid misuse of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for 1 urine drug screening, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking controlled substance pain medication and no identification that a recent UDS has been performed. As such, the currently requested 1 urine drug screening is medically necessary.